

# ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

**PRODUCER**

Meeker Sharkey & MacBean  
Commercial Lines Department  
14 Commerce Drive  
Cranford, NJ 07016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**

**COMPANY**

Ast. Paul Fire and Marine

**COMPANY**

BPrinceton Ins. Co.

**COMPANY**

C

**COMPANY**

D

**INSURED**

Soc.Hill @ University Hts.III  
1 Cornerstone Lane  
Newark, NJ 07103

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTS	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT	BINDER96612	01/01/97	01/01/98	GENERAL AGGREGATE \$5,000,000 PRODUCTS-COMP/OP AGG \$5,000,000 PERSONAL & ADV INJURY \$5,000,000 EACH OCCURRENCE \$5,000,000 FIRE DAMAGE (Any one fire) \$5,000,000 MED EXP (Any one person) \$5,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	W1A600658401	03/06/96	03/06/97	STATUTORY LIMITS EACH ACCIDENT \$100,000 DISEASE-POLICY LIMIT \$500,000 DISEASE-EACH EMPLOYEE \$100,000
A	OTHER Blanket Bldg. Maintenance Fees Fidelity	BINDER96612	01/01/97	01/01/98	\$26,762,174 RC \$50,000 \$100,000

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

SHARYN WALKER  
149 WEST MARKET STREET, NEWARK, NJ 07103  
LOT: 14.18 BLOCK: 406

KHOV030784

**CERTIFICATE HOLDER**

SUMMIT BANK ITS SUCCESSORS AND/OR  
ASSIGNS AS THEIR INTEREST MAY APPEAR  
750 WALNUT AVENUE  
CRANFORD, NJ 07016

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE